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Ambulatory Surgical Settings are Appropriate for MIS SIJ Fusion

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Purpose

Minimally Invasive Sacro-iliac Joint (MIS SIJ) Fusion is gaining acceptance as a treatment option for patients experiencing SIJ pain who have also failed 6 months of conservative treatment. As technology improves, there are increasing abilities to perform spinal procedures in an ambulatory surgical setting. Given the often reported higher patient satisfaction and value without compromising quality or safety, this study examines the safety of performing MIS SIJ fusion in the ambulatory setting.

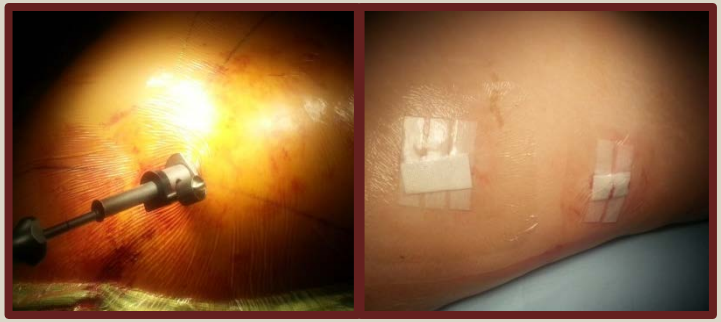
Methods

A consecutive single surgeon case series of 19 MIS SIJ Fusions with prospectively collected data were retrospectively reviewed. 8 of the fusions were performed in a hospital setting. Presence of difference in blood loss, length of stay, blood transfusion, transfer, readmission, reoperation, and intraoperative complication were reviewed. Improvement in VAS for back and legs as well as ODI was assessed.

Variables	Hospital	ASC	Combined
Transfusions	0	0	0
EBL (ml)	13.8	15.5	14.7
Length Of Stay (Days)	0.5	0.2	0.3
Reoperation	0	1	1
Readmission	0	0	0
Transfer	0	0	0
Major Complication	0	0	0
6 Month Improvement VAS Back	40.6 (P=0.001)	38.1 (P=0.001)	39.5 (P=0.0001)
6 Month Improvement VAS Legs	39.8 (P=0.03)	17.7 (P=0.16)	27.5 (P=0.006)
6 Month Improvement ODI	17.8 (P=0.06)	20.8 (P=0.003)	19.7 (P=0.0001)

Results

There was no statistical difference between settings of care with respect to blood loss, length of stay, blood transfusion, transfer, readmission, reoperation and major intraoperative complication. One hospital patient was extended for 4 days due to post-operative pain control issues. One ASC patient required added procedure to redirect a screw affecting the L5 nerve root. 6 month follow up data is noted in Table 1.



Conclusions

Neither group had a major complication. There were no facility related complications or adverse events in the ASC group. Both groups appeared to perform similarly from a clinical standpoint. Each cohort showed statistically significant improvement in 2/3 VAS/ODI factors at 6 months. Any failure to achieve statistical differences in 6 month VAS and ODI in either cohort was attributed to the sample size. This early series demonstrates safety in performing these procedures at an ambulatory surgical setting. Given that 3 of the 19 patients were kept overnight, it may be important to consider an ambulatory facility that has a 23 hour capability.